

Please complete and...

mail to:

Carla Martin, 389 W. Front Street, P.O. Box 548, Logan, Ohio 43138

Or email:

carla@hapcap.org

Should you have questions, call Carla Martin at 740-380-1545

Mentor Application

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Date of Birth: ___/___/___ Gender: Male Female

Please list all members of your household:

Name	Gender	Age	Relationship to you
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Employment History

Please provide employment information for the past 10 years, with most recent position held first. If more space is needed, please use an extra sheet of paper.

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (MM/YY)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (MM/YY)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

6. Do you have any health issues that you would like to address at this time?

7. How would you describe yourself as a person?

8. How would your friends, family, and co-workers describe you?

9. Have you ever been arrested or convicted of a crime (including DUI, driving under the influence of drugs and/or drugs)? If so, what were the circumstances?

10. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.

11. Have you ever been investigated or convicted of sexually abusing or molesting a youth aged 18 or younger? If yes, please explain.

12. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during participating in the mentoring program?

13. Are you willing to attend an initial mentor training sessions along with on going training sessions throughout the year after being matched with your mentee?

Is there any more information that you would like to share about yourself that was not included in the application questions?

Mentor Interest Survey

Please complete all the following. This survey will help Reclaiming Futures-Hocking County Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentee?
Please check all that apply.

Weekdays Lunchtime After-school Evenings Weekends Other

Please indicate age group(s) you are interested in working with:

Age: 14 15 16 17 18 19-21

Do you speak any languages other than English? If so, which languages?

Would you be willing to work with a youth who has disabilities? Have you had previous experience working with youth who have disabilities? If so please explain.

What are your favorite things you like to do with other people?

What are your favorite subjects to read about?

What is your profession? How did you choose this field?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Please check all activities you are interested in:

Biking Cooking Science Library Hiking Boating Music
 Sports Yoga Golf Swimming Gardening Parks Movies
 Animals/Pets Painting Photography Board Games Shopping
 Fishing Crafts Other (please list)

List any other areas of strong interest:

Information Release

I, _____, understand it will be necessary for Reclaiming Futures - Hocking County Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize Reclaiming Futures-Hocking County Mentoring Program to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, employers, and personal references for the purposes of participating in a mentoring program.

Further, I provide permission for Reclaiming Futures-Hocking County Mentoring program to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with prospective mentee(s) and his or her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitation a safe and successful match relationship.

Signature: _____ Date: _____

Printed Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____

Social Security Number: _____

Current Driver's License Number: _____ State: _____

Please list any other cities and states of residency during the past 10 years. Please include dates.

Drug Test Consent Form

I _____ hereby voluntarily agree to submit to any lawful drug test requested and conducted by Reclaiming Futures - Hocking County Mentoring Program deems, in its sole discretion, to be reasonably necessary to provide its mentees with a safe mentoring environment.

I, _____, acknowledge that I may be asked to submit to a random drug test and provide a urine, blood or breath sample as part of a substance abuse screening test.

I authorize that the results of any drug test be communicated and disclosed to third parties. As a consequence of any positive result obtained by said test, I understand that I may not be offered a mentoring position with Reclaiming Futures - Hocking County Mentoring Program or will be immediately discharged if currently volunteering for Reclaiming Futures - Hocking County Mentoring Program .

Signature of Applicant: _____

Printed Name: _____
Social Security Number: _____
Date: _____

Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for a least a year). Include at least one relative. Any information Reclaiming Futures - Hocking County Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Relationship: _____ Years known: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Relationship: _____ Years known: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Relationship: _____ Years known: _____

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature: _____ Date: _____

Please return or mail this application to:

Attn: Carla Martin ****OR**** Email your application to carla@hapcap.org
One Stop Jobs
389 W. Front Street, P.O. Box 548
Logan, Ohio 43138
